

Little Traverse Bay Bands of Odawa Indians Community Service Block Grant

7500 Odawa Circle-Harbor Springs, MI 49740

Telephone: (231)242-1626,

Fax: (231)242-1635

ZERO INCOME FORM

In order to determine eligibility for the Community Service Block Grant, all persons 18 years of age or older who have not received income during the 30 days prior to application for service, **MUST** complete this form.

HEAD OF HOUSEHOLD:

SOCIAL
SECURITY#

HOUSEHOLD MEMBER
COMPLETING THIS FORM:

SOCIAL
SECURITY #:

PROVIDING BASIC NECESSITIES FOR HOME

Does anyone in your household receive Food Stamps? _____ Commodities? _____ Are there any other resources you use to get food for your home? Explain:

How are your utility bills being paid?

How is your rent/mortgage being paid?

ANTICIPATED EMPLOYMENT

Are you currently seeking employment?

☐ No, I don't expect to be employed within the next month. Explain: _____

☐ Yes, I will be employed within the next month.

Anticipated start date: _____ Where? _____ Wage: _____

A copy of all pay stubs must be submitted once wages are received.

CERTIFICATION STATEMENT

I certify that I have read and understand this form. I certify that the information I provided is true and correct to the best of my knowledge, and further authorize the verification of the information provided on this form.

Signature of household member completing this form

Date

OFFICE USE ONLY

Signature of person accepting application